Riverview Psychiatric Center

Executive Leadership Date: May 18, 2005

Committee Members Present:

- $\sqrt{}$ David Proffitt, Superintendent $\sqrt{}$ William Nelson, Medical Director
- √ Arlene Emery-Kaufman, Director of Nursing Bob Patnaude, Safety Director

J. Morrill, Deputy Superintendent

- √ Terry O'Neal
- √ Lauret Crommett, Director, Education & CPI
- √ Lucia Nadeau, Personnel Officer Leon Beaulieu, Business Manager

Guests: BJ Sylvester Pellett

Minute Recorder: Charlotte Lalime **Next Meeting**: June 1, 2005 **Minutes Approved**: 6/1/05

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TOPIC	DISCUSSION	ACTION PLAN	PERSON RESPONSIBLE	
Review of	Minutes of April 20, 2005 reviewed by committee members.	Minutes approved	C. Lalime	
Minutes		with one correction.		
Budget	D. Proffitt reports that the hospital is fiscally sound, and has been approved to receive a higher percentage of our revenues, Roughly \$300,000 will be returned to us that can be rolled over to next year. Mr. Proffitt adds that one possible use for these funds would be for Forensic Services to aid in moving clients out of the hospital.	Informational	D. Proffitt	
Initiatives	D. Proffitt recommends to the committee that we adopt an initiative that would move us toward becoming a coercion free treatment facility. Coercions most frequently used are seclusion/restraint. He also hopes to include callouts in this initiative. Dr. Nelson adds that he would support periodic use of these events and track their use. This initiative was accepted.	D. Proffitt requests ongoing status reports regarding this goal.	D. Proffitt	
Safety Report	No report as B. Patnaude is absent.			
Peer Support	H. Dixon asks if it would be possible to have extra chairs for the morning and community meetings	D. Proffitt asks that Holly address this issue with the	H. Dixon	

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		Program Service Directors.	
СРІ	L. Crommett reports that Licensing and found no fault with our progress. They will return in July with JCAHO returning in August.	Informational	
Education	The recent Training Fair was a success, but there remains approximately 40 staff left with incomplete training.	L. Crommett is organizing a 2-hour training fair to be held in June. Lauret will also e-mail supervisors reminding them that they are responsible for assuring their staff's training is upto-date.	L. Crommett
	CPR training continues, working on accrediting staff. This should be complete by June.	L. Nadeau and L. Crommett will audit staff to assure their educational requirements are current.	L. Crommett/L. Nadeau
Nursing CPI	A.Emery-Kaufman reports on the following indicators:	Ongoing education	A. Emery- Kaufman
	Pain Management – overall compliance 53.8% Active treatment documentation –58.7 and 38.7 Redlining Procedure – 86.5 percent Code cart sign off – 97.8%	NOD working with night nurses to improve. QA alerts are conducted to identify	

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		specifically who was at fault.	
	Arlene also reports she still sees no correlation see between staffing effectiveness and SRC.	Noted	
	Continue to work with PSDs weekly on CSPs.	Ongoing	A. Emery- Kaufman
Environment of Care	No report as R. Levesque is absent.		
Care	D. Proffitt asks for follow-up to doorknobs on new doors. When will they be installed?	Charlotte will follow- up by email with R. Levesque.	C. Lalime
HR Report	L. Nadeau reports that a one of our pharmacy technicians will be retiring next month. She has requested approval to recruit for this position. She also reports 1 CCM resignation on Lower Saco. Deputy Superintendent applicants have been notified by phone and sent non-select letters.	Informational	L. Nadeau
	Lucia distributed a memo from a former client asking to be allowed to volunteer in the dental clinic. A discussion ensued around possibly developing a volunteer service.	D. Proffitt has asked T. Libby to follow-up. Tina will come to next meeting and report her progress.	T. Libby
Grievance issues	H. Dixon states that many client grievances center around increased smoke breaks. She also reports that clients have complained that they do not receive regular copies of the grievances.	Peer Support Workers will track the time frame of grievances with B.	Peer Support/B. Sylvester-Pellett

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		Sylvester Pellett assuring peer workers receive answer to grievance.	
Clinical Risk Management	B. Sylvester Pellett reports no priority I for the 3 rd quarter. Ms. Pellett also reported on all client altercations, client-to-client altercations, and client to staff altercations. Also distributed were	Informational	B. Sylvester- Pellett
	graphs depicting the number of actual events of seclusion or restraint (see attached graphs). Also included in the discussion were charts depicting clients discharged AMA and client elopements. All of these results cover Jan, Feb, and March 2005.	Charlotte to contact B. Mispilken re elopement meeting.	C. Lalime
	Ms. Pellett adds that two clients have primarily consumed seclusion hours. Our percentage for both seclusion and restraint is still decreasing.	Noted	
	Although Riverview reportable errors have decreased over the past 3-moonth period (Jan, Feb, March 2005) Feb and March showed an increase in NASMHPD reportable errors from 2 to 10.	Informational	
Medical Staff CPI	Dr. Nelson reports that a review of Medical Staff progress notes showed a 90% threshold for Jan, Feb and March 2005.	Informational	Dr. Nelson
	Clients seen on weekends and after-hours within 30 minutes by a medical doctor	This indicator will no longer be monitored.	
	Radiation badges in Portland show no unacceptable rates of radiation reported.	Informational	

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New Business	CCMs quality review has been deferred due to vacancy in leadership position and responsibility will be reassigned.	Report next quarter.	D. Proffitt
Other Business			
Meeting adjourned at 11:30			